

**APPENDIX B
ARIZONA NATIONAL GUARD
FAMILY INFORMATION SHEET**

(Please Print)

UNIT: _____ **CITY:** _____

SOLDIER/AIRMAN NAME: _____

FAMILY MEMBER /POINT OF CONTACT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

RELATIONSHIP TO SOLDIER/AIRMAN: _____

EMPLOYER: _____

OCCUPATION: _____ **WORKING HOURS:** _____

HOME PHONE: _____ **WORK PHONE:** _____

WOULD YOU LIKE TO JOIN THIS UNIT'S FAMILY READINESS GROUP? _____

WHAT CAN THE UNIT / FAMILY READINESS GROUP DO TO HELP YOU? _____

HAVE YOU ATTENDED A FAMILY READINESS INFORMATION BRIEFING? _____

WHAT AREAS WOULD YOU LIKE MORE INFORMATION OR EDUCATION? _____

WHAT SKILLS AND TALENTS ARE YOU WILLING TO SHARE? _____

DO YOU HAVE TRANSPORTATION? _____

DO YOU HAVE A CURRENT MILITARY I.D. CARD? _____

COMMENTS: _____

PURPOSE: This data will be used to provide families with current military information and family issues.

ALL INFORMATION GIVEN ON THIS SHEET IS CONFIDENTIAL AND IS FOR THE USE OF THE FAMILY READINESS GROUP LEADERS ONLY. THIS INFORMATION WILL NOT BE RELEASED TO OTHERS WITHOUT YOUR PERMISSION.